OMB Number: 2030-0020 Expiration Date: 04/30/2021

## **EPA KEY CONTACTS FORM**

Authorized Representative: Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

Name:	Prefix	x:		First Name:	Wayne			N	liddle Name:			
	Last	Name:	Nastri						Suffix:			
Title:	Executive Officer											
Complete Address:												
Street1: 21865 Copley Drive												
Street2:												
City: Diam		Diamon	nd Bar			State:	State: CA: California  Country: USA: UNITED STATES					
Zip / Postal C		Code:	: 91765-4178			Country:						
Phone Number:		er:	909-396-3131				Fax Numl	ber:				
E-mail A	E-mail Address:		wnastri@aqmd.gov									
Payee: Individual authorized to accept payments.												
Name:	Prefix	x:		First Name:	Susanna			N	liddle Name: [			
	Last	Name:	Leung						Suffix:			
Title:	Title: Controller											
Complete Address:												
Street1: 21865 Copley Drive												
Street2:												
City:	[	Diamor	ıd Bar			State:	CA: Califo	rnia				
Zip / Postal Code:		Code:	91765-4178			Country: USA: UNITED STATE						
Phone Number		er:	909-396-2623			Fax Number:						
E-mail Address: sleung@aqmd.gov												
Administrative Contact: Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).												
Name:	Prefix	x:		First Name:	Nancy			N	liddle Name:			
	Last	Name:	Cole						Suffix:			
Title:	Fina	ancial	Analyst									
Complete Address:												
Street1: 2186			Copley Drive									
Stree	t2:											
City:	[	Diamor	nd Bar			State:	CA: California					
Zip / Postal Code		Code:	91765-4178			Country:	Country: USA: UNITED STATES					
Phone Number:		909-396-276	57			Fax Numb	er:					
E-mail Address:		ncole@aqmd.gov										

EPA Form 5700-54 (Rev 4-02)

## **EPA KEY CONTACTS FORM**

Project Manager: Individual responsible for the technical completion of the proposed work.

Name:	Prefix:	First Name:	Patricia		Middle Name:						
	Last Name:	Kwon			Suffix:						
Title:	Program S	upervisor									
Complete Address:											
Stree	<b>t1:</b> 21865	Copley Drive									
Stree	t2:										
City: Diamon		nd Bar	State: CA:	State: CA: California							
Zip / Postal Code:		91765-4178	Country: USA	: UNITED STATE:	S						
Phone Number:		909-396-3065	<u>Fa</u>	x Number:							
E-mail Address:		pkwon@aqmd.gov									